HPM Best Practices Series

Medical Self-Care Skills

Presented by
Larry Chapman, M.P.H.
Chairman and Co-Founder
Summex Health Management

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Leading the Business of Wellness

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"Leading the business of Wellness"

- **Health risk appraisals (HRAs)**
- **Targeted high-risk and at-risk telephonic coaching**
- **Custom and "turn-key" population health management (PHM) programs**
- **Consumer health training and coaching**

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"Leading the business of Wellness"

Introducing….

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Seattle, WA and Indianapolis, IN

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Agenda

- **Fundamentals of Medical Self-Care**
- **Best practices for Medical Self-Care**
- **Establishing key linkage and leverage points**
- **A perspective on self-care**
- **Evaluation issues and answers**
- **A case in point**

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Definition of Medical Self-Care

Medical self-care:" All those actions taken by an individual with respect to the diagnosis, treatment and prevention of a medical problem. It is usually used in the context of minor self-limiting illness and injury and focuses on the individual's rather than the health care provider's role."

- Adapted from D. Vickery in "Medical Self-Care: A Review of the Concept and Program Models," American Journal of Health Promotion, Vol. 1, No. 1, 1986.

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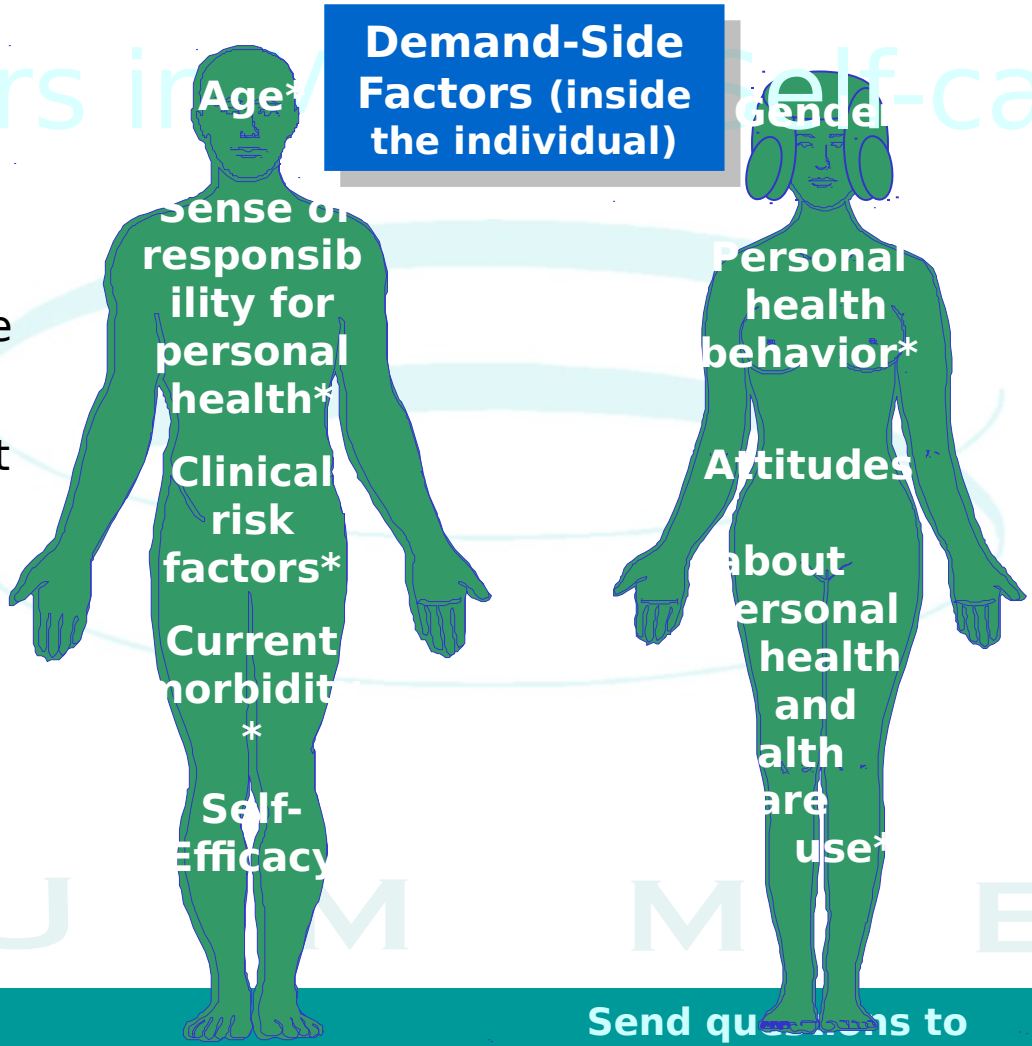
Determinants of Health Care Use:

Supply-Side Factors (outside the individual)

- Extent and scope of insurance coverage*
- Point-of-use cost sharing*
- Geographic access to services
- Discount level



Supply-Side Factors (outside the individual)

- Regional or local practice patterns
- Provider incentives affecting diagnosis and treatment decisions*

* = Potentially modifiable.

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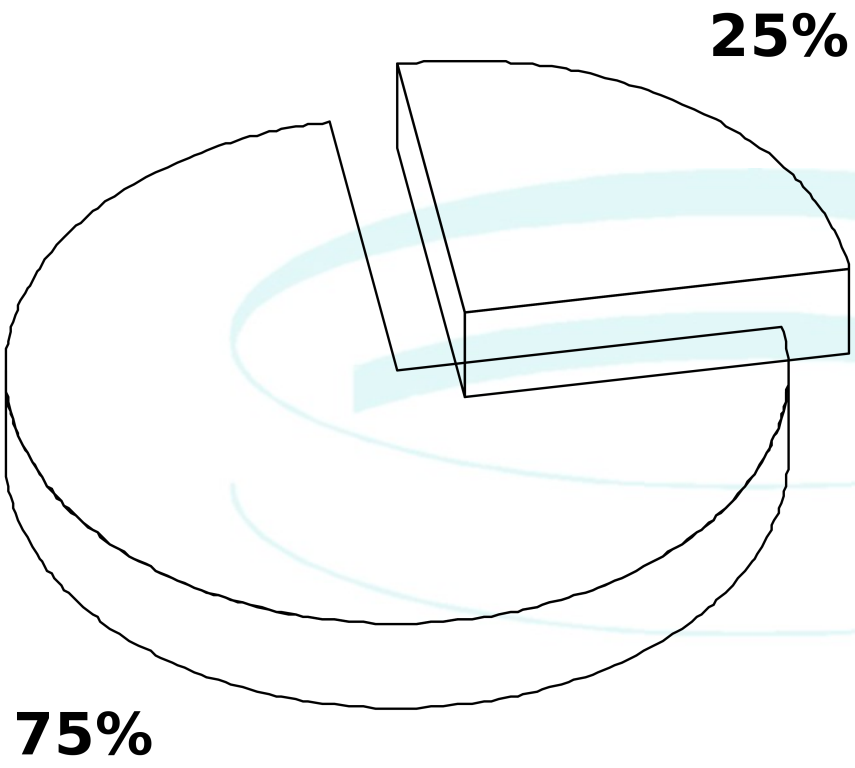
Symptoms and MD Visits



Visit PCP
Visit Specialist
Visit ER
Visit Hospital OPD

Not Visit MD
Visit MD

Source: Adapted from Green, L., et.al., "The Ecology of Medicine Revisited," NEJM, June 28, 2001.

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MSC and Utilization Patterns

You have this…

For every 1,000 people every month…

800 have symptoms
113 see their PCP
104 see a specialist
21 visit a hospital OPD
13 use an ER
14 have a home visit
65 see an alternative practitioner
8 are hospitalized
1 is hospitalized in a tertiary care facility

You want this…

For every 1,000 people every month…

700 have symptoms
93 see their PCP
91 see a specialist
14 visit a hospital OPD
8 use an ER
19 have a home visit
78 see an alternative practitioner
5 are hospitalized
0.6 is hospitalized in a tertiary care facility

Source: Adapted from Green, L., et.al., "The Ecology of Medicine Revisited," NEJM, June 28, 2001.

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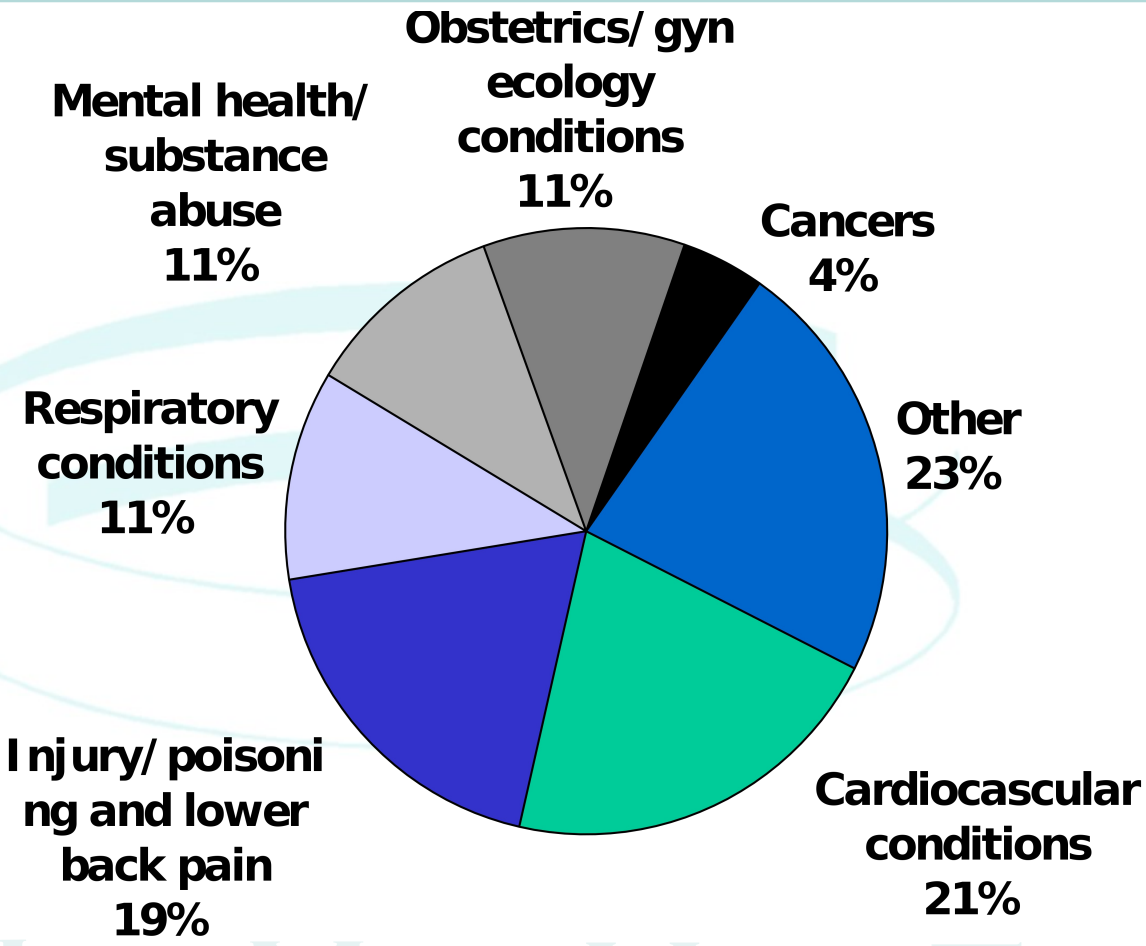
Content of Medical Self-Care


Obstetrics/ gyn ecology conditions 11%
Mental health/ substance abuse 11%
Cancers 4%
Other 23%
Respiratory conditions 11%
Injury/ poisoni ng and lower back pain 19%
Cardiocascular conditions 21%

Source: Ray et al., Medical Care Research and Review, March, 2000.

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Options with Medical Symptoms

- **Ignore it**
- **Use home diagnostic test**
- **Consult MSC book**
- **Call nurse advice line**
- **Apply home treatment (OTCs)**
- **Consult health advisor**
- **See nurse at work**
- **Make PCP appointment**
- **Go to urgent care clinic**
- **Make specialist appointment**
- **Go to emergency room**

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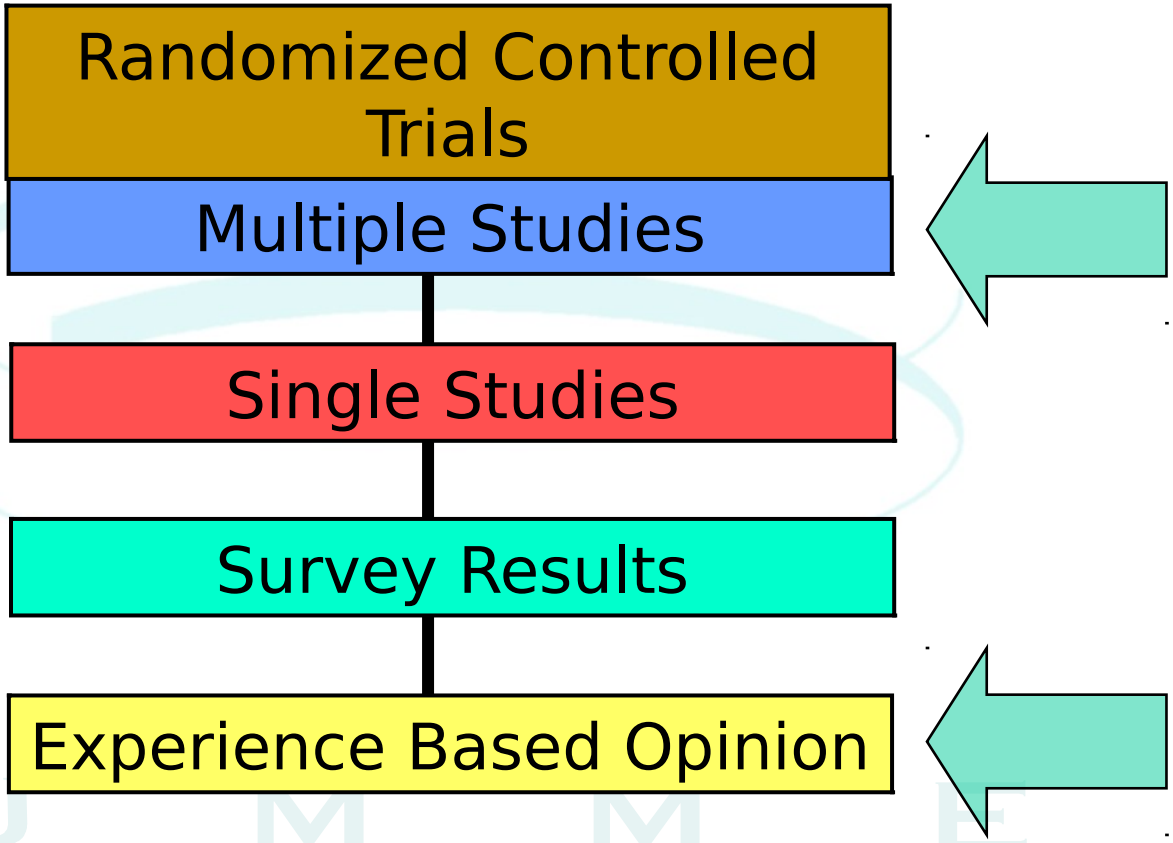
“Best Practices” Hierarchy



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Best Practices in Medical Self-Care

Medical Self-Care

- Methods
  - Annual workshop
  - Vignettes (2-4)
  - “What to do”
  - Audiotape of HAL
  - Web resource demo
- Content
  - Ecology of health care
  - Risks of treatment
  - Somatic complaints
  - Benefits of MSC
  - Methods of MSC
- Connections
  - POU cost sharing
  - HAL & CDHPs

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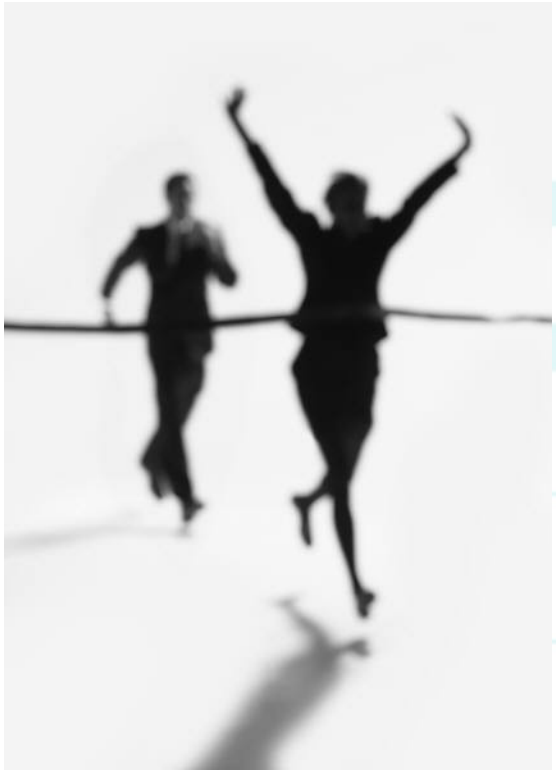
General Best Practices



- **Awareness**
- **Motivation**
- **Building skills**
- **Practice opportunity**

Source: O'Donnell, Art of Health Promotion, Sept/Oct, 2005.

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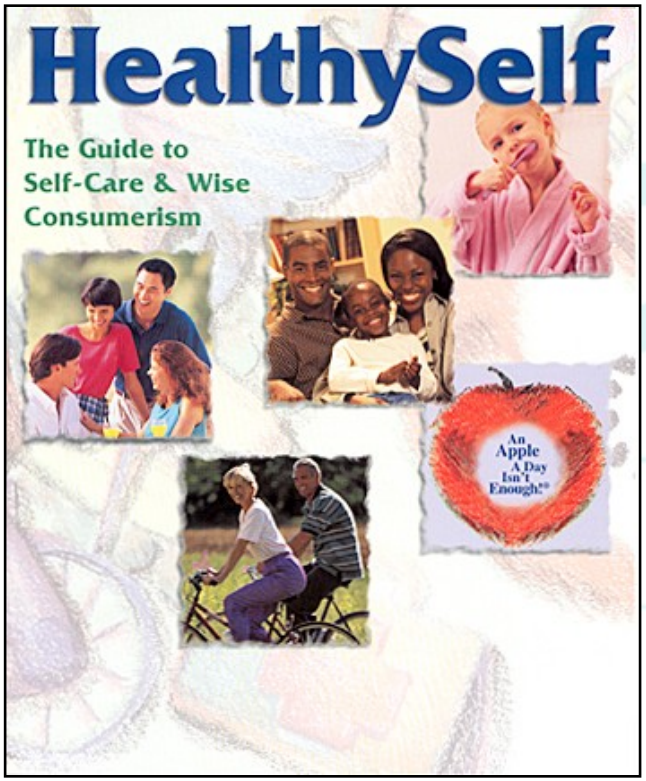
Key Linkages and Leverage



- Training in use of book
- POU cost sharing levels
- CDHPs
- Access to HAL
- Access to web resources
- OHS and EHS connection
- Somatic complaints
- Minor condition visits
- Presenteeism concerns
- Reminders

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Perspective: Primary Weaknesses

- **“Passed out the book and moved on”**
- **No training for users**
- **No follow-up with employe**
- **Narrow scope**
- **Fragmented efforts**
- **No reminders**
- **Limited motivation to use**
- **Inadequate POU cost shari**
- **No positive incentives**
- **No linkages to other resources and programs**

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Perspective: Basic MSC Skills

- **Monitor family disease history**
- **Self-care capability**
- **Observational skills**
- **Home diagnostic practices**
- **Symptom identification**
- **Diagnosing (Using resources wisely)**
- **Home care practices**
- **Sick family member care**

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Perspective: Key Attitudes

- **My health is my responsibility**
- **My experience with my health is valuable**
- **Most problems are common and self-limiting**
- **I can use informational resources wisely**
- **I can learn how to care for myself**
- **I need to partner with my PCP**

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Perspective: What have we learned?

- **Programs do affect use**
- **Programs can be very cost-effective**
- **Programs don't usually use a systematic approach**
- **5% to 21% will typically use a MSC book at least once each year**
- **Programs have a great deal of potential with CDHPs**
- **No liability with their use**

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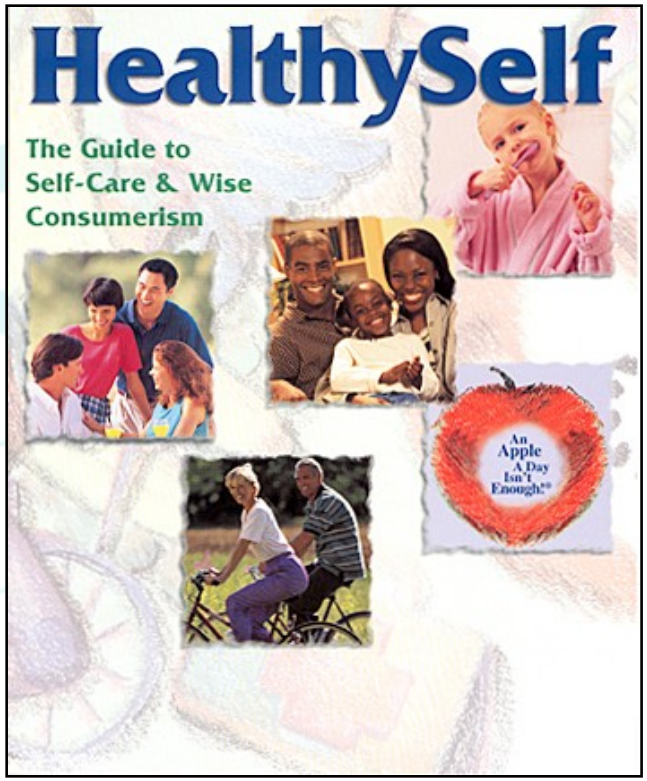
Evaluation of MSC

- **End of session survey**
- **Q in annual HRA**
- **Qs in annual program evaluation survey**
- **Monitor % of non-claimants**
- **Monitor frequency and severity of minor condition visits**



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A Case in Point

- **Health plan has $300 individual deductible with batching of receipts or use of CDHP (HSAs) with a wellness bonus**
- **Self-responsibility emphasized in all benefit and HR policies**
- **Strong personal responsibility emphasis in SPD**
- **HRA as part of benefits renewal or flex plan renewal once a year with MSC book use question**
- **Encourage clinical summary of HRA be taken to PCP**
- **Full service health advice line linked back to MSC text**
- **Occupational nursing support available**
- **Mandatory initial and then annual 1-2 hour training workshop for orientation and skill building (see content suggestions)**
- **MSC piece built into new employee orientation**
- **Build MSC into an annual evaluation plan**

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Content for MSC Workshop

- **Start with common patterns of diagnoses and use patterns for group**
- **Provide reasons for taking more responsibility for personal and family health**
- **Include information on iatrogenic risk**
- **Ask for volunteers to share some of their own iatrogenic experience**
- **Discuss revenue maximization problems among providers**
- **Discuss 2-3 health consumer examples**
- **Bring out and examine MSC text**
- **Use 3-4 case vignettes geared to common problems associated with unnecessary health care use for the group being trained**
- **Discuss somatic complaints and remedial strategies**
- **Describe how to determine and monitor family medical history issues**
- **Using an audiotape of 2-3 symptom-related health advice line calls**
- **Identify other MSC resources that are avaialble**

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Summary of Main Points

- **Medical self-care is a core part of HCM efforts**
- **Best practices for MSC include awareness, motivation, skill building and opportunities for practice**
- **MSC interventions can be adapted to any size work force**
- **Use of multiple interventions is advisable**
- **Repetition and consistency are key**
- **MSC should be linked with the cultural value of wellness**
- **Evaluate and refine your approach over time**

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Questions?

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(60 minutes first Friday each month at noon ET)

Date	Topic
September 9	**Best Practices Series: Consumer Health Skills**
October 7	**Best Practices Series: Use of CDHPs**
November 4	**Best Practices Series: POU Cost sharing**

Email Webseries@summex.com

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Remember, CDs are available for……

Webcast	Topic
#1	CDHPs: Optimal approaches
#2	ROI: The Evidence
#3	ROI: Maximization
#4	ROI: Measurement Methods
#5	HSAs: Maximum value
#6	Getting the Most Out of HRAs
#7	Getting the Most Out of Telephone Coaching
#8	Getting the Most Out of Incentives
#9	HPM Series: Persuasive Rationale for CEO
#10	HPM Series: Implementation Strategies
#11	HPM Series: Evaluation and Metric Strategies
#12	What CFOs Need to Know About Wellness
#13	Managing the Demand for Health Care
#14	Best Practices: Educational Interventions
#15	Best Practices: Plan Design Modifications
#16	Latest Evidence for the ROI of Worksite Wellness Programs: What Program Strategies Work the Best?
#17	Preparing Your Work Force for the Coming Age of Healthcare Consumerism
#18	Risk stratification Strategies
#19	Presenteeism Made Easy
#20	Best Practice Series: Using Wellness Incentives: Carrots or Sticks?
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Thanks for Your Participation

The webcast is now over

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